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As a below name	d inventor, I hereby de	clare that:	
My residence, post name.	office address and cit	izenship are as state	d below next to my
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	2	FULL NAME OF INVENTOR	FAMILY NAM	Date	FIRST GIVEN NAME Takashi		SECOND GIVEN NAME	
	0	RESIDENCE & CITIZENSHIP	CITY Kita	ı-ku WX	STATE OR COUNTRY Japan		CITIZENSHIP Japanese	
	4	POST OFFICE ADDRESS	post office address c/b Labo. of Nippon Paper Industries 5-21-1, Oji		сіту Kita-ku		STATE, ZIP, COUNTRY Tokyo, 114-0002 Japan	
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	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
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